

**CRITERIA FOR PRIOR AUTHORIZATION**

Topical Acne Agents

**PROVIDER GROUP:** Pharmacy

**MANUAL GUIDELINES:** The following drugs require prior authorization:

Adapalene (Differin®)  
Adapalene/Benzyl Peroxide (Epiduo®)  
Azelaic Acid (Azelex®, Finacea®)  
Dapsone (Aczone®)  
Tretinoin (Retin-A®, Atralin®, Tretin-X®, Avita®)  
Tretinoin Microspheres (Retin-A Micro®)  
Tretinoin/Clindamycin (Veltin®, Ziana®)  
Tazarotene (Tazorac®, Fabior®)

**CRITERIA for Acne Vulgaris (all agents):** (must meet all of the following)

- Patient must have a diagnosis of Acne Vulgaris.
- Patient must be 10 years of age or older (Atralin only) or 12 years of age or older (all other acne products).

**CRITERIA for Plaque Psoriasis (Tazorac ONLY):** (must meet all of the following)

- Patient must have a diagnosis of Plaque Psoriasis.
- Patient must be 18 years of age or older.

**CRITERIA for Rosacea (Finacea ONLY):** (must meet all of the following)

- Patient must have a diagnosis of inflammatory papules and pustules of mild to moderate rosacea.
- Patient must be 18 years of age or older.

**LENGTH OF APPROVAL** 12 months